

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34028
STATE FILE NUMBER
8922
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>				c. CITY OR TOWN <u>ST. Louis</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>INTERNATIONAL OIL BURNER CO.</u>				d. STREET ADDRESS <u>2722 HENRIETTA</u>			
3. NAME OF DECEASED (Type or print) First <u>Billy</u> Middle <u>Gene</u> Last <u>Reifsteck</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 28, 1933</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNATIONAL OIL BURNER CO.</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Henry Reifsteck</u>				14. MOTHER'S MAIDEN NAME <u>Helen Randolph</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>498-36-9867</u>		17. INFORMANT <u>Betty Reifsteck</u> Address <u>2722 HENRIETTA</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Electrocution</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>E914.3</u> DUE TO (c) <u>5</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REFERRED TO IN THE TERMINAL DIAGNOSIS OR MAIN CAUSE (b) <u>Electrocuted while working at plant at 812 South Barnes St., about 11:00 a.m., September 23, 1957.</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II. For Part I of item 18, see instructions on reverse side.) <u>at plant at 812 South Barnes St., about 11:00 a.m., September 23, 1957.</u>					
20c. TIME OF INJURY Hour <u>11:00</u> a. m. Month, Day, Year <u>9 23 57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Plant</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>					
21. I attended the deceased from <u>11:15 A</u> to <u>3</u> and last saw her alive on <u>11:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Patrick E. Taylor Coroner</u> (Degree or title)				22b. ADDRESS <u>300 Clark</u>		22c. DATE SIGNED <u>9-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sept. 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>DRY VALLEY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CARTER, County Mo.</u>	
24. FUNERAL DIRECTOR <u>With Own. L. & H. Co. 2929 S. Jefferson</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 24 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Harold E. Witt*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.